

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
STATE ASSURANCE FUND  
PREAPPROVAL APPLICATION**

**Section IV: Instructions for Completing the Amount Claimed Summary Worksheet:**

1	2	3	4	5	6	7	8	9	10
Base (B) or Contingency (C)	Phase Code	Cost Schedule  Item Code	Item Description	No. of  Units Requested	Unit Rate Requested	Subcontracted Cost  Amount	Total Mark-Up  On Subcontracted Cost	TOTAL AMOUNT CLAIMED	Optional Footnote  See Instructions
B	C1	00004	Staff Level	10	60.00	N/A	N/A	600.00	

**Column 1: Base (B) or Contingency (C)**

Complete this column with either (B) or (C) to identify which costs are proposed within the base scope of work and which are proposed within the contingency scope of work.

**Column 2: Phase Code**

Complete this column using the appropriate code from the Table of Phase Codes.

**Column 3: Cost Schedule Item Code**

Complete this column using the appropriate code from the Schedule of Corrective Action Costs. If no applicable cost schedule code exists for the activity claimed on the line, insert "00000" in this column.

**Column 4: Item Description**

Complete this column with the title of the cost schedule code (Column 5). If no applicable cost schedule code exists for the activity claimed on this line, insert a brief description of the activity and identify the applicable unit of measure. Each increment of the time and material detail must be on a separate line with the appropriate unit of measure.

**Column 5: Number of Units Requested**

Complete this column with the number of units requested.

For costs that require time and materials detail, sufficient detail is required with the preapproval application to allow ADEQ to evaluate reasonable cost:

- 1) Detail must be provided on the Worksheet. The number of units requested for each unit of measure described in Column 4, should be on a separate line.

- 2) if time and materials detail cannot be determined at the time of the preapproval, this detail must be provided with the direct payment application.

**Column 6: Unit Rate Requested**

Complete this column with the unit rate requested. Amounts in excess of the schedule of corrective action costs will be denied. Other than markup, amounts in excess of the invoiced amount, that are within the maximum amount allowed under the applicable cost schedule item code, are not eligible for reimbursement.

**Column 7: Subcontracted Cost Amount**

Complete this column only if the costs claimed on the line are for contracted work or retail purchases. Insert the amount from the subcontractor invoice or retail receipt.

**Column 8: Total Mark-Up on Subcontracted Cost**

Complete this column only if the costs claimed on the line are for contracted work or retail purchases. Insert the amount of markup claimed for the subcontractor invoice or retail receipt.

**Column 9: Total Amount Claimed**

Complete this column with the total cost claimed for each line (multiply the number of units requested by the unit rate requested plus any applicable markup). Amounts in excess of the schedule of corrective action costs will be denied. Other than markup, amounts in excess of the invoiced amount, that are within the maximum amount allowed under the applicable cost schedule item code, are not eligible for reimbursement.

**Column 10: Optional Footnote**

Completion of this column is optional. Use this column to provide information that will assist in evaluation of the costs claimed on this line.